

Foster Family Home - Deficiency Report

Provider ID: 1-591083

Home Name: Rosa Ishihara, CNA

Review ID: 1-591083-9

94-205 Paiwa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/26/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/26/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No APS/CAN/Fingerprinting results present in the CCFFH binder for HHM#3.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, CG#5, HHM#2, and HHM#3.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation on [REDACTED] and [REDACTED] present for CG#1, CG#2, CG#3, and CG#5 in Client #3's chart.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed for the month of June 2021.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#5 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- Medication Administration Record(MAR) was last signed on 7/22/2021.

Client #2- MAR was last signed on 7/22/2021.

Client #3- MAR was last signed on 7/22/2021.

54.(c)(6)- ADLs/Daily Care Flowsheet was last signed on 7/22/2021 for Client #1, Client #2, and Client #3.

Maribel Nakamire, RN 7/26/2021

Compliance Manager
[Signature] / *[Signature]*

Primary Care Giver
Date 7/26/2021
Date